Welcome to the State of Oregon! This booklet will assist you in the lawful practice of nursing in our state. It also explains why the Oregon State Board of Nursing exists, how it functions, and its importance to each nurse in the state.

Each state regulates its own practice of nursing; therefore, the scope of nursing practice varies from state to state. It is your legal and professional responsibility to understand your scope of practice. It also is your responsibility to be familiar with the Oregon Nurse Practice Act.

Again, we welcome you to the nursing profession in Oregon and invite you to attend OSBN board meetings. Please visit our website at www.oregon.gov/OSBN, or call or write the OSBN office if we can be of assistance to you.
# Table of Contents

About the Board of Nursing ................................................................. 1
Responsibilities of Each Licensed Nurse ............................................ 2
  Mandatory Licensure to Practice Nursing ..................................... 2
  Changes of Name or Address ......................................................... 2
  Remember to Renew Your License on Time .................................. 2
  Report a Lost or Stolen License .................................................. 3
  Nursing Practice Requirement ...................................................... 3
  Moving To or From Another State .............................................. 4
  Know the Oregon Nurse Practice Act ....................................... 4
  Complaint Investigation Process & Disciplinary Options .......... 5
  Mandatory Reporting Law ......................................................... 7
  Provide Accurate Information .................................................... 7
  Stay Informed ............................................................................. 7
  Get to Know the Board of Nursing .............................................. 8
OSBN Programs .................................................................................. 8
  Licensing and Customer Service ............................................... 8
  Nursing Investigations and Compliance ..................................... 9
  Education & Practice Consultant Team ..................................... 9
  Nursing Education Programs Accredited by the Board ...........10
Excerpts from the Oregon Nurse Practice Act ....................... 12-25
  Mandatory Reporting Defined .................................................. 12
  Confidentiality of Information Supplied to the OSBN ..............13
  Standards for Licensed Practical Nurse .................................... 14
  Standards for Registered Nurse ................................................. 17
  Conduct Derogatory to Nursing Defined ................................. 21
About The Board of Nursing

The mission of the Oregon State Board of Nursing (OSBN) is to safeguard the public’s health and wellbeing by providing guidance for, and regulation of; entry into the profession, nursing education and continuing safe practice.

The nine OSBN members are appointed by the Governor and include: four Registered Nurses, two Licensed Practical Nurses, one nurse practitioner and two public members. They represent a variety of geographic locations and areas of nursing practice, and may serve a maximum of two three-year terms. The OSBN is an agency within Oregon state government that licenses and regulates Licensed Practical Nurses, Registered Nurses, Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, Certified Nursing Assistants and Certified Medication Aides.

The law that regulates nurses and nursing assistants is known as the Oregon Nurse Practice Act (Oregon Revised Statutes, Chapter 678.010-678.445). Any changes in the law must be made by the legislature. This law grants the OSBN authority to write administrative rules that further define the law (Oregon Administrative Rules, Chapter 851). These rules have the effect of law and help define safe and competent practice. There is an opportunity for public comment and input during the rulemaking process, in accordance with the Oregon Administrative Procedures Act.

The OSBN meets five times a year and may hold special meetings if necessary. Board meetings are open to the public. A schedule of meetings is available from the OSBN office or on its website at www.oregon.gov/OSBN. The OSBN employs a staff of more than 40 who assist Board members and provide customer service.

The OSBN, with the help of its staff:
• determines licensure and certification requirements;
• interprets the Oregon Nurse Practice Act, including scope-of-practice;
• evaluates and approves nursing education programs and nursing assistant training programs;
• issues licenses and renewals;
• investigates complaints and takes disciplinary action against licensees who violate the Oregon Nurse Practice Act;
• maintains the nursing assistant registry, administers competency evaluations and imposes disciplinary sanctions for nursing assistants;
• provides testimony to the legislature and other organizations as needed.
You become subject to the authority of the Oregon State Board of Nursing upon application for licensure. You remain subject to that authority while you are licensed in this state.

**Responsibilities of a Licensed Nurse**

Holding a professional license gives you the right to engage in your profession lawfully. However, with that right comes a responsibility to the public. These basic tips will help you comply with the Oregon Nurse Practice Act:

**Obtain an Oregon License Before Practicing Nursing**

According to Oregon’s mandatory licensure law, all nurses are required to have a current Oregon license before employment as a nurse. It is unlawful for a person to use any sign, card or device indicating they are a nurse, or to use the letters “LPN,” “RN,” “CNS,” “CRNA,” or “NP” unless they hold a current license issued by the OSBN. The OSBN does not issue temporary licenses.

**Notify the OSBN When You Change Your Name or Address**

According to Oregon Administrative Rule, licensees must keep their current name and home address on file with the OSBN at all times. When a change of name occurs, you must complete a duplicate license application and send that, along with legal proof of your name change and appropriate fees, to the OSBN office. For address changes, send your old and new addresses to the OSBN office via fax, e-mail, US mail or telephone (you must speak directly with a representative—no voicemail messages are accepted for address changes). Or, you can change your address through our internet renewal system ([www.oregon.gov/OSBN](http://www.oregon.gov/OSBN) and click on “License Renewal”). By keeping us informed, we can ensure you receive license renewal notifications, newsletters and information about new nursing-related laws and regulations in a timely manner.

**Remember to Renew your License on Time**

Your nursing license must be renewed every two years according to your birthdate. For instance, if you were born in an even-numbered year, you will need to renew your license in even-numbered years.

Approximately six to eight weeks before your license expires, you should receive a renewal notice from the OSBN. Failure to receive this courtesy notice in the mail, however, does not relieve you of your responsibility to maintain a current license.
To renew your license, you may use the OSBN internet renewal system. Navigate your web browser to: www.oregon.gov/OSBN and click on “License Renewal.” Simply follow the on-screen directions that will lead you through the secure renewal application process. If you do not want to use the internet renewal system, you can print an application from our website (click on “Forms”) or call the OSBN office and request that a paper application form be mailed to you.

If you allow your license to expire, you may have it reinstated by submitting a renewal form to the OSBN office with the appropriate fees. If you practice nursing without a current license, you could be subject to a civil penalty of up to $5,000. If you do not renew your license within 60 days of its expiration date it will need to be reactivated (with additional fees).

**Report Lost or Stolen Licenses**

If your license is stolen or lost, report it to the OSBN office at 971-673-0685 immediately. We can help you obtain a duplicate license.

**Nursing Practice Requirements**

To receive your initial RN or LPN license or to renew, you must meet the practice requirements in one of these ways:

- practice nursing for a minimum of 960 hours (at the level of license you are seeking) during the five years preceding your application; or,
- graduate from an approved nursing program within the five years preceding your application; or,
- successfully complete an approved re-entry program, or, for license renewal, completion of approved re-entry program within the two years preceding your application.

If you are unable to meet the practice requirement, you will be required to complete an approved re-entry program before licensure. Contact the OSBN office at 971-673-0685 for more information on eligibility and a list of re-entry programs.

Although the OSBN encourages nurses to participate in continuing education programs as a professional responsibility, it does not require continuing education credits/hours for RN or LPN licensure. However, the state of Oregon does require that all healthcare practitioners, including nurses, receive seven hours of pain management-related continuing education. This is a one-time only requirement and does not affect future renewal cycles. Visit the OSBN website (www.oregon.gov/OSBN) for more information.
Moving To or From Another State?

If you are moving and want to be licensed in another state, request an Endorsement Application from your new state and follow its procedures. Usually, that packet includes a NURSYS Verification Form to be sent to the National Council of State Boards of Nursing for completion.

If you recently moved to Oregon and hold a current license in your previous state, request an endorsement package from the OSBN office. You can receive an Oregon license without retaking the National Council Licensing Examination. Remember, you cannot work as a nurse in this state without a current Oregon license.

Call the OSBN office at 971-673-0685 for details. If you need information on another state’s board of nursing, check the National Council of State Boards of Nursing website at www.ncsbn.org.

Know the Oregon Nurse Practice Act, Administrative Rules and Standards of Practice

As a licensed nurse, you are responsible for knowing the Oregon Revised Statutes and Oregon Administrative Rules that comprise the Nurse Practice Act (ORS 678.010–678.445 and OAR Chapter 851). Ignorance of the law cannot be used as an excuse for violations of the Oregon Nurse Practice Act. You should have working knowledge of these documents to practice nursing within the legal scope and provide the public with safe nursing care. Each division in the Nurse Practice Act undergoes periodic review and is subject to the public rulemaking process. If you have any questions, please contact the OSBN office at 971-673-0685.

The Oregon Nurse Practice Act is available on the OSBN website (www.oregon.gov/OSBN). Hard copies are available for a fee and can be obtained by calling the OSBN office at 971-673-0685. Several of the rules that may apply to your practice are:

- Standards and scope of practice for the Registered Nurse and Licensed Practical Nurse (see pages 14–21);
- Delegation of nursing care tasks to unlicensed persons;
- Nurse practitioner, CNS or CRNA rules and scope of practice;
- Nursing assistants;
- Licensure requirements;
- Standards for nursing education programs; and,
- Conduct derogatory to the standards of nursing defined (see page 21).
Understand the Complaint Investigation Process & Disciplinary Options

According to Oregon state law, all information obtained during a specific investigation is confidential, including who makes a complaint. This encourages consumers and licensees to make valid complaints because they need not fear reprisal or other negative acts based on their complaint.

Approximately 70 percent of all complaints received by the OSBN are closed without disciplinary action. Upon investigation, OSBN investigators may determine the nature of a case doesn’t warrant action based on board disciplinary policies. Or, it might be determined that no violations of statute or administrative rule occurred. Complainants may request a written explanation for cases that are closed without disciplinary action. Any disciplinary action taken by the Board during a Board Meeting is public information, however details of the investigations leading up to such actions are not.

1. **Complaints:** Complaints may be filed in writing, over the phone or in person. Anonymous complaints are accepted. Approximately 50-60 percent of complaints come from nursing employers. The remainder come from state agencies, other professionals, coworkers or patients/families.

2. **Investigations:** Investigations into complaints are performed by OSBN staff investigators. Investigators first validate whether there is concern about the nurse’s practice or conduct. The investigation may include:
   - the gathering of pertinent documents, such as a written summary of the incident;
   - interviews with the complainant(s), coworkers or employer; and,
   - a review of patient records, the nurse’s personnel record, police reports or court records.

If there is evidence of a practice or conduct problem, staff meet with the licensee or applicant in person or by phone. If there are grounds for disciplinary action, the investigator of record makes a recommendation to the Board based on the OSBN discipline theory model, OSBN disciplinary policies and past Board decisions.

3. **Resolution:** Disciplinary cases may be resolved by:
   - **Stipulated agreement**—The nurse signs a document acknowledging the facts of the incident, violations of law and OSBN rules, the proposed disciplinary action and any terms and conditions to be
imposed. The agreement goes to the Board for adoption and a Final Order is issued. Most disciplinary cases (98 percent) are resolved by stipulated agreement.

- Notice—If agreement is not reached, a “Notice” document is sent to the nurse. The Notice is a public document and may be requested by the complainant. It is essentially a statement of charges against the nurse. The Notice contains a timeframe within which a hearing can be requested, and specifies the level of sanction that has been proposed. The nurse is entitled to a hearing and is granted every opportunity to exercise that right. If the nurse does not request a hearing within the allotted timeframe, the case goes to the Board for a decision by default. If the nurse has a hearing and does not agree with the Board’s final decision, she/he can appeal to the Oregon Court of Appeals. If there is disagreement with the Court’s decision, the nurse can appeal further to the Oregon Supreme Court.

4. Disciplinary Sanctions: The Board can impose a range of disciplinary sanctions:

- Reprimand—A formal notice to the nurse that OSBN standards have been violated. The nursing license is not “encumbered” since there are no terms or conditions with which the nurse must comply.
- Civil Penalty—A fine of up to $5,000.
- Probation—An imposition of restrictions or conditions under which a nurse must practice, including the type of employment setting or job role.
- Suspension—A period of time during which a nurse may not practice nursing.
- Revocation—A removal of a license or certification for an unspecified period of time, perhaps permanently.
- Voluntary Surrender—An action on the part of the nurse to give up her/his license or certificate instead of facing potential suspension or revocation.
- Denial of Licensure—An action by the Board not to issue a license or certificate.

If you have any questions, please call the OSBN office at 971-673-0685.
The Oregon Mandatory Reporting Law

Oregon law mandates that all licensed nurses report any suspected violations of the Oregon Nurse Practice Act to the OSBN. You may report violations in writing or by phone. Reportable violations are listed on pages 21–26 of this booklet.

Provide Accurate Information

Providing complete and accurate information helps us expedite your licensure process. Please be aware that all licensure and renewal requests are run through the Oregon Law Enforcement Data System (LEDS) and may be run through the National Council of State Boards of Nursing Information Systems and Disciplinary Data Bank. Including false or misleading information on your application may result in denial of licensure, disciplinary action, and/or a civil penalty ranging from $100 to $5,000.

Stay Informed

As stated before, you are ultimately accountable for providing safe, competent nursing care. There are several ways to keep informed of changes in the Oregon Nurse Practice Act:

- Attend OSBN board meetings and committee meetings. These meetings are open to the public and their locations, dates and times are available on the OSBN website, or by calling the OSBN office at 971-673-0685.
- Attend public hearings when proposed changes in the rules are presented for discussion. Notice of these hearings is published in the OSBN Sentinel and in the Oregon Bulletin, which is available from the Oregon Secretary of State’s office.
- Read the OSBN Sentinel, mailed to every currently licensed nurse twice a year. Please contact the OSBN Public Information Officer with suggestions for or questions concerning newsletter articles.
- Consider seeking appointment to the Oregon State Board of Nursing. Refer to the Oregon Nurse Practice Act, ORS 678.140, for information on Board member qualifications and the appointment process. Contact the Governor’s office or the OSBN for more information.
- Receive notices of upcoming rule changes at home. Call the OSBN office to be added to the interested parties’ mailing list.
- Review the Oregon Nurse Practice Act on the OSBN website or purchase a personal copy by calling the OSBN office.
Get to Know Your Board of Nursing

Do you have questions about whether a certain nursing task falls within your scope of practice? Do you need assistance with license renewal? Or perhaps you simply need to update your address? Contact the OSBN staff at 971-673-0685—we are an important resource for you and are available if you have any questions.

OSBN Programs

Licensing and Customer Service

The Licensing Program approves applications for licensure and issues licenses or certifications to: Registered Nurses; Licensed Practical Nurses; Nurse Practitioners; Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, Certified Nursing Assistants and Certified Medication Aides. The program also approves applications by new graduates or others to take the National Council Licensing Examination (NCLEX), and all applications for the CNA competency exam. They also maintain a registry of all CNAs and CMAs in Oregon.

In addition, the program compiles statistical data on Oregon nurses, such as practice area, specialty, and the location of practice, to help provide workforce and demographic data on nurses to public and private entities.
Nursing Investigations & Compliance

The Nursing Investigation and Compliance Program helps nurses, their employers and the public to understand the legal scope of nursing practice according to state law. Program advisors help nurses and nursing assistants determine if violations of the Nurse Practice Act have occurred, and explain when and how problems should be reported. They also investigate violations of the act, recommend appropriate disciplinary actions to the OSBN and monitor licensees or certificate-holders who have had disciplinary action taken against their license. Nurse investigators also provide inservice education for nursing and other health-related groups.

The Nurse Monitoring Program is a nondisciplinary program that monitors the practice of nurses with chemical dependency, psychiatric disorders or physical disabilities that prevent them from safely practicing nursing.

The program gives nurses the chance to seek treatment and continue, or return to, the practice of nursing in a way that protects the public’s health, safety and welfare, while supporting the nurse’s recovery.

Education & Practice Consultant Team

The Education Program consultant approves nursing education and re-entry programs, ensuring they meet OSBN standards, and visits schools of nursing to discuss the NCLEX with students. In addition, the program consultant is available to confer with nurse educators on a variety of issues and provide informational presentations to nursing students.

The Nursing Practice consultant helps RNs and LPNs, their employers and the public to understand the scope of nursing practice in Oregon. The consultant also develops practice policies and is available to provide inservice presentations to nursing employers and other interested groups.

The Advanced Practice consultant helps Nurse Practitioners, Clinical Nurse Specialists and Certified Registered Nurse Anesthetists understand their scopes of practice, and answers questions concerning prescriptive and dispensing privileges. The consultant is available to discuss advanced practice issues with employers, educators and other interested groups.

The CNA Program consultant approves all nursing assistant and medication aide training programs and examination sites. In addition, the program consultant is available to confer with instructors and CNA/CMA programs on a variety of educational and examination issues.
Nursing Education Programs Accredited by the OSBN

Oregon has six baccalaureate degree programs, and 15 associate degree programs. Eight of the 15 associate degree programs have a Practical Nurse (PN) curriculum during the first year, which allows students to take the NCLEX-PN exam upon completion. Plus, there are three stand-alone PN programs. Oregon also has two masters programs and one doctoral program, and, four universities offer RN to BSN completion programs.

**Baccalaureate Degree Programs**

1. **Concordia University**  
   2811 NE Holman Street  
   Portland, OR 97211-6099  
   503-288-9371

2. **George Fox University**  
   414 N. Meridian St., #6238  
   Newberg, OR 97132-2697  
   503-554-8383

3. **Linfield Good Samaritan School of Nursing**  
   2255 NW Northrup, Rm. 304  
   Portland, OR 97210  
   503-413-7161

4. **University of Portland School of Nursing**  
   5000 N. Willamette Blvd.  
   Portland, OR 97203  
   503-943-7211

5a. **Oregon Health Sciences University School of Nursing**  
   3181 SW Sam Jackson Pk. Rd.  
   Portland, OR 97201  
   503-494-7100

5b. **OHSU School of Nursing at Eastern Oregon University**  
   1 University Blvd.  
   La Grande, OR 97850  
   541-962-3646

5c. **OHSU School of Nursing at Oregon Institute of Technology**  
   3201 Campus Dr.  
   Klamath Falls, OR 97601  
   541-885-1370 or 800-422-2017

5d. **OHSU School of Nursing at Southern Oregon University**  
   1250 Siskiyou Blvd.  
   Ashland, OR 97520  
   541-552-6226

6. **Walla Walla College School of Nursing**  
   10345 SE Market St.  
   Portland, OR 97216  
   503-251-6115

*Offers a nurse practitioner program.*

**Stand-Alone PN Programs**

1. **Apollo College**  
   2004 Lloyd Center, 3rd Floor  
   Portland, OR 97232  
   503-761-6100

2. **Pioneer Pacific College**  
   27375 SW Parkway Ave.  
   Wilsonville, OR 97070  
   503-682-1862

3. **Rogue Community College**  
   202 S. Riverside  
   Medford, OR 97501  
   541-245-7504
Associate Degree Programs

1. Blue Mountain Community College**
   2411 NE Cardin
   PO Box 100
   Pendleton, OR 97801
   541-278-5879

2. Central Oregon Community College**
   2600 NW College Way
   Bend, OR 97701
   541-383-7540

3. Chemeketa Community College**
   4000 Lancaster Dr. NE
   Salem, OR 97309
   503-399-5058

4. Clackamas Community College
   19600 S. Mollala Ave.
   Oregon City, OR 97045
   503-657-6958

5. Clatsop Community College**
   1653 Jerome
   Astoria, OR 97103
   503-338-2496

6. Columbia Gorge Community College**
   400 East Scenic Drive
   The Dalles, OR 97058
   541-298-3112

7. Lane Community College**
   4000 E. 30th Avenue
   Eugene, OR 97405
   541-747-4501

8. Linn-Benton Community College
   6500 SW. Pacific Blvd.
   Albany, OR 97321
   541-917-4511

9. Mt. Hood Community College***
   26000 SE Stark
   Gresham, OR 97030
   503-491-7113

10. Oregon Coast Community College**
    332 SW Coast Highway
    Newport, OR 97365-4928
    (541) 574-7106

11. Portland Community College
    12000 SW 49th
    PO Box 19000
    Portland, OR 97280
    (503) 977-4205

12. Rogue Community College***
    3345 Redwood Highway
    Grants Pass, OR 97527
    541-956-7308

13. Southwestern Oregon Community College***
    1988 Newmark Ave.
    Coos Bay, OR 97420
    1-800-962-2838 or 541-888-7340

14. Treasure Valley Community College**
    650 College Blvd.
    Ontario, OR 97914
    (541) 889-6493 Ext. 345

15. Umpqua Community College***
    1140 College Rd.
    PO Box 967
    Roseburg, OR 97470
    541-440-4613

** Has PN curriculum the first year.
*** Adopted Oregon Consortium for Nursing Education (OCNE) curriculum.
Excerpts from the Oregon Nurse Practice Act

As mentioned earlier, the Oregon Nurse Practice Act is comprised of Oregon Revised Statutes (ORS), which can only be altered by the state legislature, and Oregon Administrative Rules (OAR). Administrative rules are created by the OSBN and further define the statutes. For each change in administrative rules, there is an opportunity for public comment.

Mandatory Reporting Defined (OAR 851-045-0020)

*Note*: Oregon Revised Statutes (ORS), contained within the Oregon Nurse Practice Act, provide protection for those who find themselves in the position of having to report a licensee.

1. It is not the intent of the OSBN that each and every nursing error be reported.

2. It is not the intent of the OSBN that mandatory reporting take away the disciplinary ability and responsibility from the nurses’ employer.

3. Anyone knowing of a licensed nurse whose behavior or nursing practice fails to meet accepted standards for the level at which the nurse is licensed, shall report the nurse to the person in the work setting who has authority to institute corrective action. Anyone who has knowledge or concern that the nurse’s behavior or practice presents a potential for, or actual danger to the public health, safety and welfare, shall report or cause a report to be made to the OSBN. Failure of any licensed nurse to comply with this reporting requirement may constitute a violation of nursing standards.

4. Any organization representing licensed nurses shall report a suspected violation of ORS Chapter 678 or the rules adopted thereunder in the manner prescribed by sections five and six of this rule.

5. The decision to report a suspected violation of ORS Chapter 678 or the rules adopted thereunder shall be based on, but not limited to, the following:
   a. The past history of the licensee’s performance;
   b. A demonstrated pattern of substandard practice, errors in practice or conduct derogatory to the standards of nursing, despite efforts to assist the licensee to improve practice or conduct through a plan of correction;
c. The magnitude of any single occurrence for actual or potential harm to the public health, safety and welfare;

6. Always report the following to the OSBN:
   a. Nurse imposter. As used here, “nurse imposter” means an individual who has not attended or completed a nursing education program or who is ineligible for nursing licensure as a LPN or RN and who practices or offers to practice nursing or uses any title, abbreviation, card or device to indicate that the individual is licensed to practice nursing in Oregon;
   b. Practicing nursing when the license has become void due to non-payment of fees;
   c. Practicing nursing as defined in ORS 678.010 unless licensed as a registered nurse or licensed practical nurse or certified as a nurse practitioner;
   d. Conviction of a crime which relates adversely to the practice of nursing or the ability to safely practice nursing;
   e. Dismissal from employment due to unsafe practice or conduct derogatory to the standards of nursing;
   f. Client abuse;
   g. A pattern of conduct derogatory to the standards of nursing as defined by the rules of the OSBN or a single serious occurrence;
   h. Any violation of a disciplinary sanction imposed on the licensee by the OSBN;
   i. Failure of a nurse not licensed in Oregon and hired to meet a temporary staffing shortage to apply for Oregon licensure by the day the nurse is placed on staff;
   j. Substance abuse as defined in ORS 678.111(e);
   k. Any other cause for discipline as defined in ORS 678.111.

Confidentiality of Information Supplied to the OSBN (ORS 678.126)

1. Any information provided to the OSBN pursuant to ORS 678.021, 678.111, 678.113 or 678.135 is confidential and shall not be subject to public disclosure.

2. Any person, facility, licensee or association that reports or provides information to the OSBN under ORS 678.021, 678.111, 678.113 or 678.135 in good faith shall not be subject to an action for civil damages as a result thereof.
Standards for Licensed Practical Nurse (OAR 851-045-0005)

1. Standards related to the licensed practical nurse’s contribution to the nursing process. The licensed practical nurse shall:
   a. Collect data regarding a client’s status, record objective and subjective data in an accurate and timely manner, and report the data in a timely manner to the registered nurse to utilize in completing a nursing assessment of the client. Data collection includes, but is not limited to:
      A. Observation about the condition or change in condition of the client;
      B. Signs and symptoms of deviation from normal health status;
   b. Contribute to the establishment of the nursing diagnosis.
   c. Participate in the development of the plan of care by:
      A. Providing data;
      B. Contributing to the identification of priorities;
      C. Contributing to setting realistic and measurable goals;
      D. Assisting in the identification of nursing interventions;
   d. Participate in the implementation of the plan of care by:
      A. Following nursing orders;
      B. Providing care for clients whose conditions are stable or predictable under minimal supervision of the registered nurse, nurse practitioner, licensed physician, dentists or other independent health care provider recognized by the OSBN;
      C. Assisting with the provision of care for clients whose conditions are critical and/or fluctuating under the direct supervision of the registered nurse, nurse practitioner, licensed physicians, or dentist;
      D. Providing an environment conducive to safety and health;
      E. Implementing nursing care according to the established priority of needs and according to accepted standards of nursing practice;
F. Providing, under the direction of the registered nurse, health teaching to clients utilizing established protocols;

G. Documenting nursing interventions and responses to care. All documentation shall be accurate, legible and intelligible;

H. Communicating nursing interventions and responses to care to appropriate members of the health team;

I. Providing client advocacy by defending the client’s right to receive care which includes receiving complete and accurate information;

e. Contribute to the evaluation of the responses of individuals or groups to nursing interventions by:
   A. Documenting and communicating evaluation data to appropriate members of the health care team;
   B. Contributing to the modification of the plan of care on the basis of the evaluation;
   C. Evaluating the responses of individuals to nursing interventions.

2. Standards related to the licensed practical nurse’s responsibilities as a member of the health team. The licensed practical nurse shall:

   a. Have knowledge of statutes and regulations governing nursing and function within the legal boundaries of practical nursing practice.
   b. Accept responsibility for individual nursing actions and maintain competence in one’s area of practice.
   c. Consult with the registered nurse and/or other health team members and seek guidance as necessary.
   d. Obtain instruction and supervision as necessary when implementing nursing techniques or practices.
   e. Function as a member of the health team.
   f. Accept only client care assignments from the registered nurse, nurse practitioner, licensed physician, dentist or other independent health care provider recognized by the Board for which one is educationally prepared and when competency has been maintained.
   g. Act as an advocate for the client.
   h. Report unsafe nursing practices either directly to the OSBN or through appropriate channels and unsafe practice conditions to the appropriate regulatory agency(ies).
   i. Contribute to the formulation, interpretation, implementation and evaluation of objectives and policies within the employment setting.
j. Practice under the direction and orders for client care of a registered nurse, nurse practitioner, licensed physician, dentist or other independent health care provider recognized by the Board.

k. Retain accountability for those tasks when assigning tasks of client care by:
   A. Directing a subordinate to perform only those nursing tasks the person is prepared and qualified to perform;
   B. Supervising only subordinates to whom tasks of client care have been assigned;
   C. Providing instruction in health care practices to other health care providers under the direction and orders of a registered nurse, nurse practitioner, licensed physicians, dentist or other independent health care provider recognized by the Board.

3. Standards related to the licensed practical nurse’s authority to accept and implement orders for client care/treatment.
   a. The licensed practical nurse may accept and implement orders for client care from licensed health care professionals authorized to independently diagnose and treat. The health care professionals are:
      A. Nurse Practitioners licensed under ORS 678.
      B. Chiropractors licensed under ORS 684.
      C. Dentists licensed under ORS 679.
      D. Naturopaths licensed under ORS 685.
      E. Physicians licensed under ORS 677.
      F. Podiatrists licensed under ORS 677.
   b. The licensed practical nurse has the authority and responsibility to question any order which is not clear, perceived as unsafe, contraindicated for the client, or not within the health care professional’s scope of practice.
   c. The licensed practical nurse may implement recommendations for care issued by health care professionals other than those indicated in subsection (a) of this rule under the direction of a registered nurse.
Standards for Registered Nurse (OAR 851-045-0010)

1. The OSBN recognizes that the scope of practice for the registered nurse encompasses a variety of roles, including, but not limited to:
   a. Provision of client care;
   b. Supervision of others in the provision of care;
   c. Development and implementation of health care policy;
   d. Consultation in the practice of nursing;
   e. Nursing administration;
   f. Nursing education;
   g. Case management;
   h. Nursing research;
   i. Teaching health care providers and prospective health care providers;
   j. Specialization in advanced practice;

2. Standards related to the registered nurse’s responsibility to apply the nursing process. The registered nurse shall:
   a. Conduct and document nursing assessments of the health status of individuals and groups by:
      A. Collecting objective and subjective data from observations, examinations, interviews, and written records in an accurate and timely manner as appropriate to the client’s health care needs. The data include, but are not limited to:
         i. Physical and emotional status;
         ii. Growth and development;
         iii. Cultural, religious and socioeconomic background;
         iv. Client and family health history;
         v. Information collected by other health team members;
         vi. Information gathered from family or significant others;
         vii. Client knowledge and perception about health status and potential for maintaining health status;
         viii. Ability to perform activities of daily living;
         ix. Patterns of coping and interacting;
         x. Consideration of client’s health goals;
         xi. Environmental factors, e.g.: physical, social, emotional and ecological;
         xii. Available and accessible human and material resources.
      B. Sorting, selecting, reporting and recording the data;
C. Validating, refining and modifying the data by utilizing available resources including interactions with the client, family and health team members.

b. Establish and document nursing diagnoses that serve as a basis for the plan of care.

c. Develop and modify the plan of care based on assessment and nursing diagnosis. This includes:
   A. Identifying priorities in the plan of care;
   B. Setting realistic and measurable goals to implement the plan of care;
   C. Identifying nursing intervention(s) based on the nursing diagnosis;
   D. Prescribing nursing orders based on the nursing diagnosis;
   E. Identifying measures to maintain comfort, to support human functions and responses, to maintain an environment conducive to well being and to provide health teaching and health counseling.

d. Implement the plan of care by:
   A. Initiating nursing interventions through:
      i. Giving direct care;
      ii. Assisting with care;
      iii. Following nursing orders;
      iv. Assigning, delegating and supervising care;
      v. Teaching clients, family members or significant others;
      vi. Referring to appropriate resources.
   B. Providing an environment conducive to safety and health.

C. Documenting nursing interventions and responses to care.

D. Communicating nursing interventions and responses to care to other members of the health team.
E. Providing client advocacy by defending the client’s right to receive care based on the plan of care, which includes receiving complete and accurate information and ensuring that this right is protected.

e. Evaluate the responses of individuals or groups to nursing interventions. Evaluation should involve the client, family, significant others, and health team members.

A. Evaluation data shall be documented and communicated to appropriate members of the health care team;
B. Evaluation data shall be used as a basis for reassessing the client’s status, modifying nursing diagnoses, revising the plan of care, prescribing changes in nursing interventions and issuing nursing orders.

3. Standards related to the registered nurse’s responsibilities as a member of the nursing profession. The registered nurse shall:

a. Have knowledge of the statutes and regulations governing nursing and function within the legal boundaries of registered nursing practice.

b. Accept responsibility for individual nursing actions and maintain competency in one’s area of practice.

c. Obtain instruction and supervision as necessary when implementing nursing techniques or practices.

d. Function as a member of the health team.

e. Collaborate with other members of the health team to provide optimum client care.

f. Consult with nurses and other health team members and make referrals if necessary.

g. Contribute to the formulation, interpretation, implementation and evaluation of the objectives and policies related to nursing practice within the employment setting.

h. Report unsafe nursing practices either directly to the OSBN or through appropriate channels and unsafe practice conditions to the appropriate regulatory agency(ies).

i. Accept only client care assignments for which one is educationally prepared and when competency has been maintained.

j. Act as an advocate for the client.

k. Assign or delegate to others only those nursing measures that person is prepared to perform and qualified to perform and are within that person’s scope of practice/scope of duties.
l. Delegate, in settings where a registered nurse is not regularly scheduled, specific tasks of nursing care to an unlicensed person only as described in the OSBN’s delegation rules (Division 47).

m. Supervise others to whom nursing interventions have been assigned or delegated.

n. Retain professional accountability for nursing care when assigning or delegating nursing interventions.

o. Teach health care practices to other health care providers.

p. Contribute to policy development and implement policies in a manner that meets the needs of the clients served by the agency/facility in which the nurse practices.

4. Standards related to the registered nurse’s authority to accept and implement orders for client care/treatment.

a. The registered nurse may accept and implement orders for client care from licensed health care professionals who are authorized to independently diagnose and treat. These health care professionals are:
   A. Nurse Practitioners licensed under ORS 678.
   B. Chiropractors licensed under ORS 684.
   C. Dentists licensed under ORS 679.
   D. Naturopaths licensed under ORS 685.
   E. Physicians licensed under ORS 677.
   F. Podiatrists licensed under ORS 677.

b. In addition to the health care professionals identified in subsection (a) of this rule, the registered nurse may accept and implement recommendations for care in collaboration with the following health care professionals:
   A. Psychologists;
   B. Social Workers;
   C. Occupational Therapists;
   D. Physical Therapists;
   E. Speech Therapists;
   F. Respiratory Therapists;
   G. Dietitians;
   H. Pharmacists;
   I. Optometrists.
c. In accepting and implementing orders or recommendations for client care from the individuals listed in (a) and (b) above, the registered nurse must have knowledge that the order or recommendation is within the health care professional’s scope of practice and determine that the order or recommendation is consistent with the overall plan for the client’s care.

d. The registered nurse has the authority and responsibility to question any order or recommendation that is not clear, perceived as unsafe, contraindicated for the client or inconsistent with the plan of care.

Conduct Derogatory to the Standards of Nursing (OAR 851-045-0015)

Nurses, regardless of role, whose behavior fails to conform to the legal and accepted standards of the nursing profession, or who may adversely affect the health, safety and welfare of the public, may be found guilty of conduct derogatory to the standards of nursing. Such conduct shall include, but is not limited to, the following:

1. Conduct related to the client’s safety and integrity:
   a. Developing, modifying or implementing standards of nursing practice/care that jeopardize patient safety.
   b. Failing to act to preserve or promote the client’s safety based on nursing assessment and judgement.
   c. Failing to implement and/or follow through with the plan of care.
d. Failing to modify, or failing to attempt to modify the plan of care as needed based on nursing assessment and judgement, either directly or through proper channels.

e. Assigning persons to perform functions for which they are not prepared or which are beyond their scope of practice/duties.

f. Improperly delegating tasks of nursing care to unlicensed persons in settings where a registered nurse is not regularly scheduled.

g. Failing to supervise persons to whom nursing tasks have been assigned.

h. Failing to teach and supervise unlicensed person to whom nursing tasks have been delegated.

i. Leaving a client care assignment during the previously agreed upon work time period without notifying the appropriate supervisory personnel and confirming that nursing care for the client(s) will be continued.

j. Leaving any nursing assignment, including a supervisory assignment, without notifying the appropriate personnel and confirming that nursing assignment responsibilities will be met.

k. Failing to report through proper channels facts known regarding the incompetent, unethical, unsafe or illegal practice of any health care provider.

l. Failing to respect the dignity and rights of clients, regardless of social or economic status, age, race, religion, sex, sexual preference, national origin, nature of health problems or disability.

m. Engaging in sexual contact with a client.

2. Conduct related to other federal or state statute/rule violations:

a. Abusing a client. The definition of abuse includes, but is not limited to, intentionally causing physical harm or discomfort, striking a client, intimidating, threatening or harassing a client.

b. Neglecting a client. The definition of neglect includes, but is not limited to, carelessly allowing a client to be in physical discomfort or be injured.

c. Engaging in other unacceptable behavior toward, or in the presence of, a client, such as using derogatory names or gestures or profane language.

d. Failing to report actual or suspected incidents of client abuse through the proper channels in the work place and to the appropriate state agencies.
e. Unauthorized removal or attempted removal of narcotics, other drugs, supplies, property or money from clients, the work place, or any person.

f. Soliciting or borrowing money, materials, or property from clients.

g. Using the nurse/client relationship to exploit the client by gaining property or other items of value from the client for either personal gain or sale, beyond the compensation for nursing services.

h. Possessing, obtaining, attempting to obtain, furnishing or administering prescription or controlled drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs.

i. Aiding, abetting or assisting an individual to violate or circumvent any law, rule or regulation intended to guide the conduct of nurses or other health care providers.

j. Failing to conduct practice without discrimination based on age, race, religion, sex, sexual preference, national origin, nature of health problems or disability.

k. Violating the rights of privacy, confidentiality of information, or knowledge concerning the client unless required by law to disclose such information or unless there is a “need to know.”

l. Violating the rights of privacy, confidentiality of information, or knowledge concerning the client by obtaining the information without proper authorization or when there is no “need to know.”

m. Unauthorized removal of client records, client information, facility property, policies or written standards from the work place.

n. Dispensing or administering Methadone except as permitted under state and federal law.

3. Conduct related to communication:

a. Inaccurate record keeping in client or agency records.

b. Incomplete record keeping regarding client care including, but not limited to, failure to document care given or other information important to the client’s care or documentation that is inconsistent with the care given.

c. Falsifying a client or agency record; including but not limited to filling in someone else’s omissions, signing someone else’s name, recording care not given, fabricating data/values.
d. Altering a client or agency record including, but not limited to, changing words/letters/numbers from the original document to mislead the reader of the record, adding to the record after the original time/date without indicating a late entry.

e. Destroying a client or agency record.

f. Directing another person to falsify, alter or destroy client or agency records.

g. Failing to maintain client records in a timely manner that accurately reflects management of client care, including failure to make a late entry within a reasonable time period.

h. Failing to communicate information regarding the client’s status to members of the health care team (physician, nurse practitioner, nursing supervisor, nurse co-worker) in an ongoing and timely manner.

i. Failing to communicate information regarding the client’s status to other individuals who need to know, such as family or facility administrator.

4. Conduct related to achieving and maintaining clinical competency:

a. Performing acts beyond the authorized scope or the level of nursing for which the individual is licensed.

b. Failing to conform to the essential standards of acceptable and prevailing nursing practice. Actual injury need not be established.

c. Assuming duties and responsibilities within the practice of nursing for direct client care, supervisory, managerial or consulting roles without documented preparation for the duties and responsibilities and when competency has not been established and maintained.

d. Performing new nursing techniques or procedures without documented education specific to the technique or procedure and clinical preceptored experience to establish competency.

5. Conduct related to impaired function:

a. Practicing nursing when unable/unfit to perform procedures and/or make decisions due to physical impairment as evidence by documented deterioration of functioning in the practice setting and/or by the assessment of a health care provider qualified to diagnose physical condition/status.
b. Practicing nursing when unable/unfit to perform procedures and/or make decisions due to psychological or mental impairment as evidenced by documented deterioration of functioning in the practice setting and/or by the assessment of a health care provider qualified to diagnose mental condition/status.

c. Practicing nursing when physical or mental ability to practice is impaired by use of drugs, alcohol or mind-altering substances.

6. Conduct related to licensure violations:
   a. Practicing nursing without a current Oregon license.
   b. Practicing as a nurse practitioner without a current Oregon nurse practitioner certificate.
   c. Allowing another person to use your nursing license for any purpose.
   d. Using someone else’s nursing license for any purpose.
   e. Resorting to fraud, misrepresentation or deceit during the application process for licensure, while taking the licensure exam or while obtaining initial licensure or renewal of licensure.
   f. Impersonating any applicant or acting as a proxy for the applicant in any nurse licensure examination.
   g. Disclosing the contents of the licensure examination or soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration.

7. Conduct related to the licensee’s relationship with the OSBN:
   a. Failing to provide the OSBN with any documents requested by the OSBN.
b. Failing to answer truthfully and completely any question asked by
   the OSBN on an application for licensure or during the course of an
   investigation or any other question asked by the OSBN.

   c. Failing to cooperate fully with the OSBN during the course of an
   investigation, including, but not limited to, waiver of confidentiality
   privileges (except client-attorney privilege).

8. Conduct related to the client’s family:
   a. Failing to respect the rights of the client’s family regardless of social
      or economic status, race, religion or national origin.
   b. Using the nurse/client relationship to exploit the family for the
      nurse’s personal gain or for any other reason.
   c. Theft of money, property, services or supplies from the family.
   d. Soliciting or borrowing money, materials or property from the family.

9. Conduct related to co-workers: Violent, abusive or threatening behavior
    towards a co-worker that either occurs in the presence of clients or
    otherwise relates to the delivery of safe care to clients.
We hope this information has been useful to you as you begin your practice as a nurse in Oregon.

Please call the OSBN office at 971-673-0685 if we can be of assistance to you.
For More Information

Please call us at 971-673-0685 between 8 a.m.–4:30 p.m., Monday–Friday, or write us at:

Oregon State Board of Nursing
800 NE Oregon St., Suite 465
Portland, OR 97232-2162

FAX: 971-673-0684 • Automated License Verification Line: 971-673-0679
E-Mail: oregon.bn.info@state.or.us